

The Interface



PHYSICIAN AND MEDICAL STUDENT STRESS

by Randy A. Sansone, MD, and Lori A. Sansone, MD

This ongoing column is dedicated to the challenging clinical interface between psychiatry and primary care—two fields that are inexorably linked. In this edition of *Psychiatry 2007*, we summarize three worrisome articles that relate to physician and medical student stress.

PHYSICIAN MORALE

Through the Physician Morale Survey sponsored by the American College of Physician Executives, investigators surveyed over 1200 physicians about their professional morale.¹ With regard to morale, on a 1 (low) to 10 (high) rating scale, 46 percent of physicians scored themselves as 5 or lower. Participants rated the morale of colleagues and/or supervisee physicians even lower than themselves. As for the perceived contributory factors to morale

problems, 21.9 percent of respondents identified low reimbursement rates, 21.2 percent the loss of autonomy, 16.8 percent bureaucratic red tape, 12.1 percent patient overload, 11.8 percent the loss of respect, and 10.5 percent the medical malpractice environment.

In response to job stress, participants reported a variety of psychological symptoms. For example, 77.4 percent of participants reported fatigue, 66.7 percent emotional burnout, 34.2 percent marital or family discord, and 32.2

percent depression. Surprisingly, in this physician sample, 4.4 percent of respondents reported suicidal ideation related to job stress. When asked about whether participants had ever considered leaving the practice of medicine because of morale problems, 59.7 percent indicated “yes.” Nearly 70 percent of participants knew of colleagues who had left the practice of medicine because of morale problems.

To alleviate morale problems, 54.0 percent of physician respondents reported talking with colleagues, 35.8 percent searching for a job outside of healthcare, 27.3 percent lobbying government for healthcare changes, and 26.3 percent seeking personal counseling. Clearly, the practice of medicine in the current climate is perceived as extremely stressful by the majority of physician participants in this survey.

MEDICAL STUDENT STRESS

In this study,² through a survey methodology, Dyrbye and colleagues examined the phenomenon of burnout in medical students. Among 545 Minnesota medical students, 45 percent reported symptoms compatible with burnout. The prevalence of burnout significantly increased with the year of training. In addition, negative personal life events exhibited a strong correlation with burnout symptoms. These findings indicate that burnout is apparently common among medical students, particularly among those in later years of training and/or exposed to negative personal events.

PHYSICIAN FRUSTRATION WITH PATIENTS

In this study,³ Krebs and colleagues explored whether particular physician characteristics are associated with frustration with patients. In a sample of 1391 physicians in family practice, internal

medicine, and medicine subspecialties, researchers categorized participants by quartiles that were based upon the reported percentage of patients that were difficult to deal with. Using these quartiles in the subsequent analyses, higher percentages of physician frustration with patients were significantly related to younger age of the physician (i.e., age <40), longer work hours (i.e., >55 work hours per week), and symptoms of personal stress, including depression and anxiety. In adjusted statistical analyses, being a subspecialist and having a greater number of patients with psychosocial problems and/or substance abuse were also factors for frustration. Clearly, frustration with patients experienced by physicians may, in part, be related to non-patient factors.

CONCLUSIONS

The preceding studies collectively indicate the following: 1) physicians appear to be suffering from relatively low morale; 2) nearly half of all medical students report burnout; and 3) higher levels of frustration with patients are associated with a variety of non-patient factors, including physician age, number of work hours per week, physician distress, and medicine sub-specialty practice. That physicians and medical students are experiencing high levels of distress in their careers is of critical importance not only from a professional perspective but also with regard to the future management of healthcare resources. The next step in this body of research is to explore and determine solutions for these disheartening circumstances among physicians and trainees.

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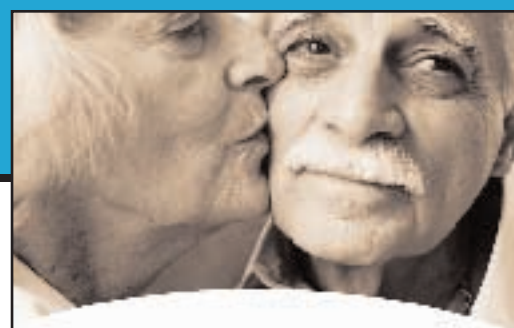
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Dr. R. Sansone is a professor in the Departments of Psychiatry and Internal Medicine at Wright State University School of Medicine in Dayton, Ohio, and Director of Psychiatry Education at Kettering Medical Center in Kettering, Ohio; Dr. L. Sansone is a family medicine physician in practice (government service) at Wright-Patterson Air Force Base. The views and opinions expressed in this column are those of the authors and do not reflect the official policy or the position of the United States Air Force, Department of Defense, or US government.

Address correspondence to:
Randy A. Sansone, MD
Sycamore Primary Care Center
2115 Leiter Road, Miamisburg, OH 45342
Phone: (937) 384-6850
Fax: (937) 384-6938
E-mail: Randy.sansone@kmcnetwork.org



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